

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES (USDA APHIS VS)	AQUACULTURE FACILITY EXPORT REGISTRATION FORM <input type="checkbox"/> Initial Registration <input type="checkbox"/> Annual Re-registration	REGISTRATION NUMBER:
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PERSONNEL CONTACT INFORMATION

NAME OF AQUACULTURE FACILITY: _____

ADDRESS OF FACILITY:	CITY:	STATE:	ZIP:
GPS COORDINATES, (if known)		WEBSITE OR E-MAIL:	
CONTACT PERSON AT FACILITY:		POSITION:	
PHONE:	FAX:	E-MAIL:	

DOES FACILITY MAINTAIN A VALID VETERINARY-CLIENT-PATIENT RELATIONSHIP YES NO

NAME OF APHIS-ACCREDITED VETERINARIAN: _____

PHONE:	E-MAIL FOR VETERINARIAN:
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FACILITY INFORMATION

TYPE OF FACILITY: Flow-through Recirculation Fresh water Salt water

WATER SOURCE: Protected spring, well or bore hole Surface water

Other _____

SPECIES OF AQUATIC ANIMALS CULTURED: _____

ARE RECORDS MAINTAINED FOR REVIEW BY THE ACCREDITED VETERINARIAN AND APHIS, VS? YES NO

DOES INFORMATION INCLUDE:

LOT IDENTIFICATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ANIMAL SOURCES/SUPPLIERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
MOVEMENT HISTORY ON AND OFF FACILITY, INCLUDING TRANSFER PERMITS IF APPLICABLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	LIFESTAGES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HEALTH STATUS, INCLUDING LABORATORY TESTING RECORDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MORTALITY RECORDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER PHYSICAL INFORMATION <i>(numbers in lots, size, weight, etc.)?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	BIOSECURITY PROTOCOLS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR OFFICIAL USE ONLY

APHIS VS REVIEW PERFORMED BY (print)	DATE OF ON-SITE INSPECTION
FACILITY APPROVED FOR USDA APHIS VS REGISTRATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE:	DATE: